MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01682

1710 CERTIFICATE OF DEATH

Reg. Dist. No. 203

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rock Hall
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck Section

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryl nd COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
STREET ADDRESS (If rural give location) Piney Neck Section

3. NAME OF DECEASED: (First) Herman (Middle) C. (Last) Berg
4. DATE OF DEATH: (Month) Feb. (Day) I7, (Year) I955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	June 2, I8 90	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10B. KIND OF BUSINESS OR INDUSTRY: Owner
11. BIRTHPLACE (State or foreign country): Kent Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Berg
14. MOTHER'S MAIDEN NAME: Matilda Grulkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Herman Hill, Rock Hall, Md. son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1817 IMMEDIATE CAUSE (A) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSE (S) DUE TO (B) Carcinoma of Bladder

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) c Metastasis to lungs

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cardiac Hypertrophy

19A. DATE OF OPERATION: 6-3-54
19B. MAJOR FINDINGS OF OPERATION Generalized Carcinomatosis
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28-, 1954 to 2/17, 1955, that I last saw the deceased alive on Feb 17, 1955, and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE Robert C. Nitsch M.D. ADDRESS Rock Hall Md DATE SIGNED Feb 18-'55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/20/1955	Wesley Chapel Cem.	Rock Hall, Md.

DATE REC'D BY LOCAL REGISTRAR 2/18/1955
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01683

1711

Reg. Dist. No.....

Item 9, Film G177 2-28-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS Point Gratitude

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural give location) Point Gratitude

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) BLIZZARD (Last)

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH

9. AGE last birthday: Approx. 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Shipley

14. MOTHER'S MAIDEN NAME: Mary Gettman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT: Mrs. Annette Woolford, Rock Hall, Md.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1955 to 2/20, 1955, that I last saw the deceased alive on 2/20, 1955, and that death occurred at 11:40 p.m., from the causes and on the date stated above.

SIGNATURE E. Kesley (Degree or title) M.D. ADDRESS Rock Hall DATE SIGNED 2/20/55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Feb. 25, 1955

NAME OF CEMETERY OR CREMATORY: First United Evan.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2-23-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Ullrich Funeral Home 4210 Belair Road. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01684

CERTIFICATE OF DEATH

1712 Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) MOLLIE (Middle) P. (Last) BOGGS

4. DATE OF DEATH: (Month) Feb. (Day) 6 (Year) 19 55

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 5, 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John W. Pratt

14. MOTHER'S MAIDEN NAME: Sarah Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Sadie Stevens Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (492X)	(a) Virus Pneumonia	5 DAYS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	15 YEARS
	DUE TO (c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1951, to FEB 6, 1955, that I last saw the deceased alive on FEB 6, 1955, and that death occurred at 7:45 AM, from the causes and on the date stated above.

SIGNATURE Harold J. Lagyna (Degree or title) MD ADDRESS SMYRNA, DEL DATE SIGNED FEB 7, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Feb. 9, 1955 | NAME OF CEMETERY OR CREMATORY Old Fellows Cem. | LOCATION (City, town, or county) Smyrna (State) Del.

DATE REC'D BY LOCAL REGISTRAR Feb. 8, 1955 | REGISTRAR'S SIGNATURE Edward Fellows. | 24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01685

1702 **CERTIFICATE OF DEATH** Reg. Dist. No. 2002

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural give location) Kent St.

3. NAME OF DECEASED: (First) W. (Middle) Raymond (Last) Bowers
4. DATE OF DEATH: (Month) (Day) (Year) 2/28/55 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married	Jan. II, 1884	71 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) self employed carpenter
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Kent Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Raymond Bowers
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-07-8736
17. INFORMANT & ADDRESS: Mrs. Lydia Bowers Chestertown, Md wife

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary thrombosis — 6 days
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Coronary arteriosclerosis — due to known
DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Auricular fibrillation — 10 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to 2/28, 1955, that I last saw the deceased alive on 2-28, 1955, and that death occurred at 8:10 P M, from the causes and on the date stated above.
SIGNATURE R. Sheldon Fan M. D. ADDRESS Chestertown, Md DATE SIGNED 3/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/3/1955	Chester Cemetery	Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR March 1-1955 | REGISTRAR'S SIGNATURE Clarence L. Barnes | 24. FUNERAL DIRECTOR J. Willis Wells - ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

01686

MARYLAND STATE DEPARTMENT OF HEALTH

1703 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) 37
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Calvert 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 37
STREET ADDRESS (If rural, give location) 216 Calvert 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Elizabeth	Brown	Feb.	26	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Widow	12-24-1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Simon Smith	Augusta Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	dont know	Charles Brown Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary occlusion	4 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension	Several years
(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2-4, 1955, to 2-26, 1955, that I last saw the deceased alive on 2-27, 1955, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A A Dick	M.D.	Chestertown, Md.	2-26-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/55	Rich Neck Hall Cemetery	Queen Anne Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 1-1955	Clara L. Barnes,	J. Willis Wells - Chestertown	Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01687

CERTIFICATE OF DEATH

1704 Reg. Dist. No. 202

1. PLACE OF DEATH.
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Vernon Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 21
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Lizzie (Middle) E. (Last) Collins

4. DATE OF DEATH: (Month) 2/I2/I955 (Day) (Year) 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Mar. 2, I868

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurel, Del.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac E. Collins

14. MOTHER'S MAIDEN NAME: Sarah Phillips

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Mrs. Helen Bowers Chestertown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 20.1 IMMEDIATE CAUSE (A) Heart failure, congestive — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Myocardial degeneration — 2 years

DUE TO (C) Coronary ~~sclerosis~~ arteriosclerosis - 2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952 to 2-12..., 1955 that I last saw the deceased alive on 2-12, 1955, and that death occurred at 3 00 A.M., from the causes and on the date stated above.

SIGNATURE R Hartman M.D. M. D. ADDRESS Chestertown Md DATE SIGNED 2/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 2/I5/55

NAME OF CEMETERY OR CREMATORY Chester Cem.

LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Feb. 15-1955

REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1705

CERTIFICATE OF DEATH

Reg. Dist. No. 01688 21

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS or Kent & Calvert Sts.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown 37
STREET ADDRESS (If rural give location) Kent & Calvert Sts.

3. NAME OF DECEASED: (Type or Print) (First) Julia (Middle) A. (Last) Flowers

4. DATE OF DEATH: (Month) (Day) (Year) 2/27/55 19

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Jan. 30. 1888

9. AGE last birthday 67 yrs | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Geo. W. Adams

14. MOTHER'S MAIDEN NAME: Mary A. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Otis Flowers Chestertown, Md. son

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebro-vascular accident (R) — INTERVAL BETWEEN ONSET AND DEATH: 24 hr.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955, to 2-27, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at approx. 8 A.M, from the causes and on the date stated above.

SIGNATURE P. M. Atkins M.D. ADDRESS Chestertown DATE SIGNED 2-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 3/2/55 | NAME OF CEMETERY OR CREMATORY Chester Cem. | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR March 1-1955 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md

01689

MARYLAND

STATE DEPARTMETT OF HEALTH

1713

CERTIFICATE OF DEATH

Reg. Dist. No. 20 1

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kennedyville
MARYLAND
LENGTH OF STAY (In this place) 80 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Kennedyville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) A (Last) Hessner

4. DATE OF DEATH (Month) Feb (Day) 5 (Year) 1955

5. SEX Male | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH June 29 1874 | 9. AGE last birthday 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher | 10b. KIND OF BUSINESS OR INDUSTRY Meat Market | 11. BIRTHPLACE (State or foreign country) Kennedyville md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Hessner | 14. MOTHER'S MAIDEN NAME Agusta J Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO. 219-07-50-09 | 17 INFORMANT AND ADDRESS Emma H Baker 419 High St Chestertown md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 501X Bronchitis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955, to Feb 6, 1955, that I last saw the deceased alive on Feb 6, 1955, and that death occurred at 5.30 P. m., from the causes and on the date stated above.

SIGNATURE L. P. Atwell (Degree or title) M. D. ADDRESS Still Pond md DATE SIGNED Feb 7, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 2/8/55 | NAME OF CEMETERY OR CREMATORY Galena Cemetery | LOCATION (City, town, or county) Galena (State) md

DATE RECD BY LOCAL REG. 2/7/55 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR B R Fellows | ADDRESS Still Pond md

MARGIN RESERVED FOR BINDING

Transmitted.

MARYLAND 1714

01690

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 201

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X KENNEDYVILLE
LENGTH OF STAY (in this place): LIFETIME
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OO —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENNEDYVILLE X
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) WILHELMINA (Middle) MARY (Last) HURLOCK

4. DATE OF DEATH: (Month) FEB. (Day) 16, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 9, 1872

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES ~~HURLOCK~~ Hessner

14. MOTHER'S MAIDEN NAME: AUGUSTA HAMILTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: WILLIAM HURLOCK, KENNEDYVILLE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

501X

Immediate cause (a): Bronchitis — Interval between onset and death: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Anemia & ?

(c): Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 14th

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — — — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1955, to Feb 16, 1955, that I last saw the deceased alive on Feb 16th, 1955, and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE: L. P. Atwell (Degree or title): M.D. ADDRESS: Kennedyville DATE SIGNED: 2/18/55

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): BURIAL
DATE: FEB. 19 1955
NAME OF CEMETERY OR CREMATORY: GALENA CEMETERY
LOCATION (City, town, or county): GALENA (State): MD.

DATE RECD BY LOCAL REG.: 2/18/55
REGISTRAR'S SIGNATURE: C. Kennard Jones

24. FUNERAL DIRECTOR: B. R. Fillows ADDRESS: STILL POND, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01691

1706 CERTIFICATE OF DEATH Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md.
STREET ADDRESS (If rural give location) 309 Calvert St.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Kennard

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1955

5. SEX: female
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: 3/25/1889
9. AGE last birthday: 65 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Johnson
14. MOTHER'S MAIDEN NAME: Harriett Derry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Uremia

ANTECEDENT CAUSE (B) DUE TO Cause unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7 approx., 1955, to 2-13.., 1955, that I last saw the deceased alive on 2-12 .., 1955, and that death occurred at approx. 4 A.M, from the causes and on the date stated above.

SIGNATURE: R. M. Atkins M. D. ADDRESS: Chestertown DATE SIGNED: 2-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2/16/1955
NAME OF CEMETERY OR CREMATORY: Pomona Cem.
LOCATION (City, town, or county) (State): Kent Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 15-1955
REGISTRAR'S SIGNATURE: Clara L. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md.
ADDRESS

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

01692

MARYLAND 1715

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
STREET ADDRESS (If rural, give location) Piney Neck 1

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Sprout (Last) Lees
4. DATE OF DEATH (Month) Feb. (Day) 7. (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W
8. DATE OF BIRTH: March 18 1876
9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Louisiana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: James Sprout
14. MOTHER'S MAIDEN NAME: Mary Patrica Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Mrs. Morris Marshall Jr. Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension and congestive heart failure — years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. , 19 55 to Feb. 7 , 19 55, that I last saw the deceased alive on Feb. 4 , 19 55 and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD — ADDRESS Rock Hall, Md. — DATE SIGNED Feb. 7, 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Feb. 8, 1955 | NAME OF CEMETERY OR CREMATORY: [illegible] | LOCATION (City, town, or county) (State): Lincoln Pa.

DATE REC'D BY LOCAL REG. Feb 7/55 | REGISTRAR'S SIGNATURE: S. Elwood Simpson

24. FUNERAL DIRECTOR | ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

01693

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

: 1716

CERTIFICATE OF DEATH

Reg. Dist. No. 208

1. PLACE OF DEATH: COUNTY Rock Hall Kent Maryland — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — LENGTH OF STAY (in this place) 6 mo. — HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — STREET ADDRESS (If rural give location) RD 1

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Reynolds (Last) Moore

4. DATE OF DEATH: (Month) Feb (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 31 1874

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Del.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Moore

14. MOTHER'S MAIDEN NAME: Samantha ann Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 169-20-1558

17. INFORMANT: Ora Moore Elkton Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

611X

Immediate cause (a) Senility

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatitis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Feb 28, 1955, that I last saw the deceased alive on Feb 27, 1955, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE E. Kester (Degree or title) MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 3/2/55 | NAME OF CEMETERY OR ~~CREMATORY~~ Townsend Cemetery | LOCATION (City, town, or county) Townsend (State) Del.

DATE REC'D BY LOCAL REG. Feb 28 55 | REGISTRAR'S SIGNATURE D. Elwood Burgess | 24. FUNERAL DIRECTOR E. Leslie Daniels ADDRESS Middletown Del.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND 1717

01694

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-03

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; LENGTH OF STAY in this place: all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Greys Inn

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall; STREET ADDRESS (If rural, give location) Greys Inn.

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) WILLIAM HENRY SMITH

4. DATE OF DEATH (Month) (Day) (Year): Feb. 25/55 19

5. SEX: M.

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 15 1874

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Rock Hall, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Simon Smith

14. MOTHER'S MAIDEN NAME: Ida Perkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Blanche Smith-Rock Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Pulmonary Edema

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Sclerosis, Arteriosclerosis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH: unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) SUICIDE HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1 ..., 19 55, to Feb 25, 19 55, that I last saw the deceased alive on Feb 25 ..., 19 55, and that death occurred at 5 50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilbur K. Nutter, M.D. Rock Hall 2/25/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/28/55

NAME OF CEMETERY OR CREMATORY: Sharptown Cemetery

LOCATION (City, town, or county) (State): Rock Hall, Md.

DATE REC'D BY LOCAL REG.: Feb 28/55

REGISTRAR'S SIGNATURE: D Elwood Burgess

24. FUNERAL DIRECTOR: Marvin V. Williams

ADDRESS: Chestertown, md.

Marvin V. William

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1718

CERTIFICATE OF DEATH

Reg. Dist. No. 01695 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: X Rural Galena
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: OD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Galena X
STREET ADDRESS (If rural give location): 1

3. NAME OF DECEASED: (First) MARY (Middle) L. (Last) TILGHMAN
4. DATE OF DEATH: (Month) Feb (Day) 5 (Year) 1955
5. SEX: F
6. COLOR OR RACE: Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov 13 1877
9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Galena Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Perry Scott
14. MOTHER'S MAIDEN NAME: Mary Ann Lemmie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service): —
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Hester B. Wilson Galena Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) DUE TO: Ventricular Fibrillation — Interval Between Onset And Death: 2 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) DUE TO: Arteriosclerotic Heart Disease — Years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Rt side hemiplegia due to cerebral vascular accident

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 54, to Feb 5, 1955, that I last saw the deceased alive on Feb 5, 19 55, and that death occurred at 10 20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wallace Oberskan MD — ADDRESS: Cecilton Md — DATE SIGNED: 7 Feb 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb 10 1955 — NAME OF CEMETERY OR CREMATORY: Olivet Hill Cem. — LOCATION (City, town, or county): Rural Galena — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: Feb. 10, 1955 — REGISTRAR'S SIGNATURE: Elizabeth J. Mulford — 24. FUNERAL DIRECTOR: Edward Pellour — ADDRESS: Millington Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01696

1707 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Still Pond, X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) WALLEY

4. DATE OF DEATH: (Month) Feb (Day) 23 (Year) 1955

5. SEX: Male | 6. COLOR OR RACE: Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single | 8. DATE OF BIRTH: Feb 23 1955 | 9. AGE last birthday yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours 28 Min. 25

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Green
14. MOTHER'S MAIDEN NAME: Mary Frances Walley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
IMMEDIATE CAUSE (A) Prematurity
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: 28 hrs 23 min

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-23, 1955 to 2-25, 1955, that I last saw the deceased alive on 2-24, 1955, and that death occurred at 2 50/A M, from the causes and on the date stated above.
SIGNATURE R. M. Atkins, M. D. ADDRESS Chestertown DATE SIGNED 2-25-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-26-55
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR 2-28-1955
REGISTRAR'S SIGNATURE Clara L. Barnes,
24. FUNERAL DIRECTOR Family. ADDRESS Still Pond. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01697

1708 **CERTIFICATE OF DEATH** Reg. Dist. No. 202

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Kent MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Clara (Middle) (Last) Warner

4. DATE OF DEATH: (Month) (Day) (Year) February 11 1955

5. SEX: Female 6. COLOR OR RACE: White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 8. DATE OF BIRTH: Apr. 26-1886 9. AGE last birthday (IF UNDER 1 YEAR, IF UNDER 24 HRS.) 68 yrs. Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 10B. KIND OF BUSINESS OR INDUSTRY: Home 11. BIRTHPLACE (State or foreign country): Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Rodney 14. MOTHER'S MAIDEN NAME: Henrietta Downey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO — 17. INFORMANT & ADDRESS: Mrs. Augusta Warner, Rock Hall Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

41.5 X

IMMEDIATE CAUSE (A) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) Myocarditis, probably rheumatic — Years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1-28-55 19B. MAJOR FINDINGS OF OPERATION Cholelithiasis 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21, 1954 to 2-11, 1955, that I last saw the deceased alive on 2-11, 1955, and that death occurred at 12½ pM, from the causes and on the date stated above.

SIGNATURE A. A. Sidle M. D ADDRESS Chestertown, Md DATE SIGNED 2-11-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 2/14/55 NAME OF CEMETERY OR CREMATORY Wesley Chapel LOCATION (City, town, or county) (State) Rock Hall Md

DATE REC'D BY LOCAL REGISTRAR Feb. 14-1955 REGISTRAR'S SIGNATURE Clara L. Barnes. 24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill Md.

[illegible]AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01698

1719

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
MARYLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ISABELLE (Middle) S. (Last) WEIST

4. DATE OF DEATH: (Month) Feb. (Day) 3 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 18, 1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Seamstress

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John F. Weist.

14. MOTHER'S MAIDEN NAME: Lydia Barton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss Carrie Weist, Millington Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Glomerulo nephritis — Interval Between Onset And Death: 5 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Virus pneumonia. — 7 weeks.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-12, 1954, to 2-3, 1955, that I last saw the deceased alive on Feb. 3, 1955, and that death occurred at 10.05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Glja Kralewski M.D. — ADDRESS Millington — DATE SIGNED 2-4-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 7, 1955 — NAME OF CEMETERY OR CREMATORY Millington Cem. — LOCATION (City, town, or county) (State) Millington, Kent Co. Md

DATE REC'D BY LOCAL REGISTRAR Feb. 4, 1955 — REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Edward Fellows. — ADDRESS Millington, Md.

01699

MARYLAND 1709

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 2-12

1. PLACE OF DEATH
COUNTY: KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CHESTERTOWN
MARYLAND LENGTH OF STAY (In this place): 5d.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: KENT + QUEEN ANNE'S

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: N.Y. COUNTY: LEWIS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LOWVILLE RD 3
STREET ADDRESS (If rural, give location): 69X-3

3. NAME OF DECEASED (Type or Print): (First) REUBEN (Middle) L. (Last) ZEHR

4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 7-1-1900

9. AGE last birthday: 54 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ELEC. CONTRACTOR

10b. KIND OF BUSINESS OR INDUSTRY: ELEC.

11. BIRTHPLACE (State or foreign country): CROGHAN N.Y

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH B. ZEHR

14. MOTHER'S MAIDEN NAME: BARBARA KIPFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: Yes

17. INFORMANT AND ADDRESS: MARION ZEHR (WIFE) SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause (a) PULMONARY EDEMA — Interval Between Onset and Death: 1 hr.

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) CONGESTIVE HEART FAILURE — 5d.
(c) MYOCARDIAL INFARCTION

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
DUE TO CORONARY OCCLUSION — 10d.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-24, 19 55 to 2-27, 19 55 that I last saw the deceased alive on 2-27, 19 55, and that death occurred at 7 08 A m., from the causes and on the date stated above.

SIGNATURE: R. M. Atkins, M.D. (Degree or Title) ADDRESS: Chestertown DATE SIGNED: 2-27-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3/2/1955 | NAME OF CEMETERY OR CREMATORY: 1st. Mennonite Church Cemetery New Bremen | LOCATION (City, town, or county) (State): Lewis County N. Y.

DATE REC'D BY LOCAL REG.: Feb. 27, 1955 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR: J. Willis Wells - Chestertown, Md ADDRESS

MARGIN RESERVED FOR BINDING